



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jose Rocca, et al.

Examiner: Leonard M. Williams

Serial No.: 10/086,059

Art Unit: 1617

Filing Date: February 27, 2002

Title: A SUSTAINED RELEASE  
PHARMACEUTICAL COMPOSITION

Attorney Docket Number: 540591-7095.1

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

### REQUEST FOR THREE-MONTH EXTENSION OF TIME

Applicants request a three (3) month extension of time up to and including **January 14, 2006**, for filing a Response pursuant to 37 C.F.R. §1.111 in the above-referenced case. Please charge the required fee of \$ 1,020.00 pursuant to 37 C.F.R. § 1.17 to our Deposit Account No. 50-2543. In addition, please also charge any additional fees or credit any overpayment associated with this matter to our deposit account.

If there are any questions, please call the undersigned at the telephone number indicated below.

Adjustment date: 09/28/2006 CKHLOK  
01/31/2006 HGUTEMA1 00000020 502543 10086059  
02 FC:1253 1020.00 CR

Respectfully submitted,

KOS PHARMACEUTICALS, INC.

Karen P. Bechtold

Karen P. Bechtold, Esq.

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Attorney for Applicant

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Date: 01/26/06

#### CERTIFICATION UNDER 37 C.F.R. §1.10

I hereby certify that the attached papers are being deposited with the United States Postal service as: Express Mail Post Office to Addressee" Service under 37 C.F.R. §1.10 on 01/26/06 and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ED055674228 US

Express Mail Label Number

T. Oscar Espinosa

01/31/2006 HGUTEMA1 00000020 502543 10086059

02 FC:1253 1020.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>09/27/06</u>		2 Serial/Patent # <u>10/086,059</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time		01/27/06	\$ 510.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 510.00
8 TO BE REFUNDED BY:				
10 REASON:		<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <del>Treasury Check</del> </div>		
	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 <u>501-2543</u>		
X	No Fee Due (Explanation):			
Outside max statutory period for reply				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Kenya McLaughlin</u>		TITLE: <u>Petitions Attorney</u>		
SIGNATURE: <u><i>Kenya McLaughlin</i></u>		PHONE: <u>2-3222</u>		
OFFICE: <u>Petitions</u>				
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u><i>CPH</i></u>		DATE: <u>9/28/06</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*